

## CHILD ABDUCTION AND RECOVERY

### 1. Summary of Chapter 1399, Statutes of 1976

Chapter 1399, Statutes of 1976, added Sections 4600.1 and 4604 to, and amended Sections 5157, 5160, and 5169 of the Civil Code; added Section 278 and 278.5 to the Penal Code, and amended Section 11478.5 of the Welfare and Institutions Code, which increased the level of service provided by several county departments that must become involved in child custody matters. Prior to the enactment of this statute, parents or others interested in the custody of minors received no assistance from law enforcement agencies when their interests were pursued in court. This statute requires counties to actively assist in the resolution of custody problems and the enforcement of custody decrees. To accomplish this, several additional tools were provided to the courts and enforcement agencies in this legislation, including changes in the procedures for filing petitions to determine custody and enforce visitation rights, increased authorization to issue warrants of arrest to insure compliance, and increased access to locator and other information maintained by county and state departments. These activities increased the level of service provided to the public under Title 9 of Part 5 of the Civil Code, The Uniform Child Custody Jurisdiction Act.

### 2. Eligible Claimants

Any county incurring increased costs as a result of this mandate is eligible to claim reimbursement of these costs.

### 3. Types of Claims

#### A. Reimbursement Claims

A reimbursement claim is defined in GC Section 17522 as any claim filed with SCO by a county for reimbursement of costs incurred for which an appropriation is made for the purpose of paying the claim.

An actual claim may be filed by February 15 following the fiscal year in which costs were incurred. If the filing deadline falls on a weekend or holiday, the filing deadline will be the next business day. Since the 15<sup>th</sup> falls on a weekend in 2009 claims for fiscal year 2007-08 will be accepted without penalty if postmarked or delivered on or before February 17, 2009. Claims filed after deadline will be reduced by a late penalty of 10%, not to exceed \$10,000. A claim filed more than one year after the deadline cannot be accepted for reimbursement.

In order for a claim to be considered properly filed, it must include the Indirect Cost Rate Proposal (ICRP) if the indirect cost rate exceeds 10%. A more detailed discussion of the ICRP may be found in Section 8 of the instructions.

Documentation to support actual costs must be kept on hand by the claimant and made available to the SCO upon request as explained in Section 17 of the instructions.

#### B. Estimated Claims

Pursuant to AB 8, Chapter 6, Statutes of 2008, the option to file estimated claims has been eliminated. Therefore, estimated claims filed on or after February 16, 2008, will not be accepted by SCO.

#### **4. Reimbursable Activities**

For each eligible claimant all direct and indirect costs of labor, materials and supplies, contract services, training, and travel for the following activities only are eligible for reimbursement.

##### **A. Compliance with Court Orders**

- 1) Contact with children and other persons involved
  - a) Receipt of reports and requests for assistance.
  - b) Mediating with or advising individuals involved. Other departments may provide mediating services. In this case, indicate the department.
  - c) Locating missing or concealed offender and children.
- 2) Utilizing any appropriate civil or criminal court action to secure compliance
  - a) Preparation and investigation of reports and requests for assistance.
  - b) Seeking physical restraint of offenders and /or the children to assure compliance with court orders.
  - c) Process services and attendant court fees and costs.
  - d) Depositions.
- 3) Physically recovering the child(ren)
  - a) Travel expenses, food, lodging, and transportation for the escort and child(ren)
  - b) Other personal necessities for the child(ren). All items purchased must be itemized.

##### **B. Court Costs for Out-of-Jurisdiction Cases**

Court actions and costs in cases involving child custody or visitation orders from another jurisdiction, which may include, but are not limited to, utilization of the Uniform Child Custody Jurisdiction Act (Family Code Section 3400 through 3425) and action relating to the Federal Parental Kidnapping Prevention Act (42 USC 1738A) and the Hague Convention of 25 October 1980 on the Civil Aspects of International Child Abduction (Senate Treaty Document 99-11, 99<sup>th</sup> Congress, 1<sup>st</sup> Session).

###### **(1) Cost of Foster Care**

The cost of providing foster care or other short-term care for any child pending return to the out-of-jurisdiction custodian. The reimbursable period of foster home care or other short-term care may not exceed three days unless special circumstances exist.

Special circumstances must be justified. A maximum of ten days per child is allowable. Costs must be identified per child, per day. Costs must be reduced by the amount of state reimbursement for foster home care received by the county for the placed child(ren).

###### **(2) Transportation Costs**

- a) Travel, expenses, food, lodging, and transportation for the escort and child(ren).
- b) Other purchases of personal necessities for the child(ren) must be itemized. Recovered costs from any party of agency must be used as an offset against costs claimed.
- c) Securing appearance of the offender and/or child(ren) when an arrest warrants of other court order to produce the offender or child(ren) has been issued.

- i) Cost of serving arrest warrant or order and detaining the individual in custody, if necessary, to assure appearance in accordance with the arrest warrant or order.
  - ii) Cost of providing foster home care or other short-term care for any child requiring such because of the detention of the individual having custody. The number of days for the foster home care or short-term care shall not exceed the number of days of the detention period of the individual having physical custody of the minor.
- d) Return of the illegally obtained or concealed child(ren) to the legal custodian or agency.
- i) Cost of food, lodging, transportation, and other personal necessities for the child(ren) from the time he/she is located until he/she is delivered to the legal custodian or agency. Purchases of personal necessities must be itemized.
  - ii) Cost of an escort for the child(ren), including cost of food, lodging, transportation, and other expenses where such costs are a proper charge against the county. The type of escort utilized must be specified.
  - iii) Any funds received as a result of costs assessed against a defendant or other party in a criminal or civil action for the return or care of the minor(s) or defendant, if not part of a criminal extradition, must be shown and used against these costs.

## **5. Reimbursement Limitations**

- A. Reimbursement is not allowed for costs associated with criminal prosecution, commencing with the defendant's first appearance in a California court for offenses defined in Sections 278 or 278.5 of the Penal Code, wherein the missing, abducted, or concealed child(ren) has been returned to the lawful person or agency.
- B. Any offsetting savings or reimbursement the claimant received from any source including, but not limited to, service fees collected, federal funds, and other state funds as a direct result of this mandate shall be identified and deducted so only net local cost is claimed.

## **6. Claim Forms**

### **A. Form 2, Activity Cost Detail**

This form is used to segregate the detailed costs by claim activity. A separate Form 2 must be completed for each activity being claimed. Costs reported on this form must be supported as follows:

#### **1. Salaries and Benefits**

Identify the employee(s), and/or show the classification of the employee(s) involved. Describe the mandated functions performed by each employee and specify the actual time spent, the productive hourly rate and related fringe benefits. In lieu of actual time, the average number of hours devoted to each function may be claimed if supported by a documented time study. A time study may be appropriate for functions that are relatively short in duration and repetitive. If the claim is based on a time study, submit with the claim all time documentation for the Controller's review of the study's precision and reliability.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.

#### **2. Materials and Supplies**

Only expenditures that can be identified as a direct cost of this mandate may be

claimed. List the cost of materials consumed or expended specifically for the purpose of this mandate. Purchases made shall be claimed at the actual price after deducting for all cash discounts, rebates, and allowances received by the claimant.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders and other documents evidencing the validity of the expenditures.

### **3. Contracted Services**

Give the name(s) of contractor(s) who performed the services. Describe the activities performed by each named contractor, inclusive dates when services were performed, actual time spent performing the mandate and itemize all costs for services performed. Attach consultant invoices with the claim.

Source documents required to be maintained by the claimant may include, but are not limited to, contracts, invoices and other documents evidencing the validity of the expenditures.

### **4. Fixed Assets**

List the purchase price of equipment and other capital assets acquired for the purpose of this mandate. These may include vehicles, or office equipment that are necessary for the performance of this mandate. Purchase price includes taxes, delivery, and installation costs. Explain the use of each asset. If an asset is acquired for the subject state mandate, but is utilized in some way not directly related to the program, on the pro-rated portion of the asset that is used for purposes of this program is reimbursable.

Source documents may include, but are not limited to, general and subsidiary ledgers, purchase orders, receipts, canceled warrants, inventory records, and other documents evidencing the purchases.

### **5. Travel**

Travel expenses for mileage, per diem, lodging, and other employee entitlements are reimbursable in accordance with the rules of the local jurisdiction. Give the name(s) of the traveler(s), purpose of travel, inclusive dates, destination points, and costs.

Source documents required to be maintained by the claimant may include, but are not limited to, receipts, employee travel expense claims, and other documents evidencing the validity of the expenditures.

### **6. Training**

The cost of training for activities specified in 6 A and B may be claimed. Give the title and subject of the training session, dates, location and name(s) of the employee(s) attending training associated with the mandate. Reimbursable costs include, but are not limited to, salaries and benefits of personnel conducting or attending the training, registration fees, transportation, lodging, and per diem. Child abduction training scheduled during the California Family Support Council's conferences, the annual advanced child abduction training sponsored by the California District Attorney Association, and all other professional training are reimbursable.

Source documents may include, but are not limited to, employee travel expense claims, receipts, training agendas, and other documents evidencing the training expenses.

## **B. Form -1.1, Reimbursement Source Summary**

On Form -1.1 show details of any reimbursement received from the individuals or



agencies involved in these cases. Show the total amount of such reimbursements as a reduction of the amount claimed on Form -1. In addition, costs claimed must be reduced by the amount recovered from the charges imposed by the court.

Any amount received by a county and forwarded directly to the state must be reported on Form – 1, but will not reduce the amount of the claim.

Pursuant to GC section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the SCO no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.

All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the SCO during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings. Supporting documents shall be made available to the SCO on request.

#### **C. Form 1, Claim Summary**

This form is used to summarize direct cost by activity and compute allowable indirect cost for the mandate. Direct costs summarized on this form are derived from Form -2 and carried forward to form FAM-27.

Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits. If an indirect cost rate greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim. If more than one department is involved in the mandated program, each department must have their own ICRP.

#### **D. Form FAM-27, Claim for Payment**

This form contains a certification that must be signed by an authorized officer of the local agency. All applicable information from Form-1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

<b>CLAIM FOR PAYMENT</b> <b>Pursuant to Government Code Section 17561</b> <b>CHILD ABDUCTION AND RECOVERY</b>			<b>For State Controller Use Only</b> (19) Program Number 00013 (20) Date Filed (21) LRS Input		<b>PROGRAM</b> <div style="font-size: 2em; font-weight: bold; margin-top: 10px;">013</div>	
(01) Claimant Identification Number			<b>Reimbursement Claim Data</b>			
(02) Claimant Name			(22) FORM-1, (03)(a)			
Address			(23) FORM-1, (03)(b)			
			(24) FORM-1, (04)(1)(f)			
			(25) FORM-1, (04)(2)(f)			
<b>Type of Claim</b>	<b>Estimated Claim</b>	<b>Reimbursement Claim</b>	(26) FORM-1, (06)			
	(03)	(09)	(27) FORM-1, (07)			
	(04)	(10)	(28) FORM-1, (09)			
	(05)	(11)	(29) FORM-1, (10)			
<b>Fiscal Year of Cost</b>	(06)	(12)	(30)			
<b>Total Claimed Amount</b>	(07)	(13)	(31)			
Less: <b>10% Late Penalty (Refer to claim instructions)</b>		(14)	(32)			
Less: <b>Prior Claim Payment Received</b>		(15)	(33)			
<b>Net Claimed Amount</b>		(16)	(34)			
<b>Due from State</b>	(08)	(14)	(35)			
<b>Due to State</b>	(09)	(15)	(36)			
<b>(37) CERTIFICATION OF CLAIM</b>  <p>In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.</p> <p>The amounts for Reimbursement Claim are hereby claimed from the State for payment of actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">           Signature of Authorized Officer   <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> <div style="width: 45%;">           Date   <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">           Type or Print Name             (38) Name of Contact Person for Claim   <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> <div style="width: 45%;">           Title             Telephone Number             E-mail Address   <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> </div> </div>						

<b>Program</b> <b>013</b>	<b>CHILD ABDUCTION AND RECOVERY</b> <b>Certification Claim Form</b> <b>Instructions</b>	<b>FORM</b> <b>FAM-27</b>
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) Leave blank.
- (04) Leave blank.
- (05) Leave blank.
- (06) Leave blank.
- (07) Leave blank.
- (08) Leave blank.
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing a combined reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from FORM-1, line (08). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by **February 15** of the following fiscal year in which costs were incurred; otherwise the claims will be reduced by a late penalty. Enter zero if the claimed was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), not to exceed \$10,000.
- (15) If filing a reimbursement claim or a claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., Form-1, (03)(a), means the information is located on Form-1, block (03), column (a). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the district's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person to contact if additional information is required.

**SUBMIT A SIGNED ORIGINAL, AND A COPY OF FORM FAM-27, WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:**

***Address, if delivered by U.S. Postal Service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 P.O. Box 942850  
 Sacramento, CA 94250**

***Address, if delivered by other delivery service:***

**OFFICE OF THE STATE CONTROLLER  
 ATTN: Local Reimbursements Section  
 Division of Accounting and Reporting  
 3301 C Street, Suite 500  
 Sacramento, CA 95816**

<b>Program</b>  <b>013</b>	<b>MANDATED COSTS</b> <b>CHILD ABDUCTION AND RECOVERY</b> <b>CLAIM SUMMARY</b>						<b>FORM</b>  <b>1</b>	
(01) Claimant				(02) Fiscal Year ____ / ____				
<b>Claim Statistics</b>								
(03) (a) Number of cases for compliance with court orders								
(b) Number of out-of-jurisdiction cases								
<b>Direct Costs</b>		<b>Object Accounts</b>						
		(a)	(b)	(c)	(d)	(e)	(f)	(g)
(04) Reimbursable Activities		Salaries	Benefits	Materials And Supplies	Contract Services	Fixed Assets	Travel And Training	Total
A. Compliance with Court Orders								
B. Court Costs for Out-of-Jurisdiction Cases								
(05) Total Direct Costs								
<b>Indirect Costs</b>								
(06) Indirect Cost Rate [From ICRP or 10%]							%	
(07) Total Indirect Costs [Refer to claiming instructions]								
(08) Total Direct and Indirect Costs [Refer to claiming instructions]								
<b>Cost Reduction</b>								
(09) Less: Offsetting Savings								
(10) Less: Other Reimbursements								
(11) Total Claimed Amount [Line (09) - {(line (10) + line (11))}]								

<b>Program</b>  <b>013</b>	<b>MANDATED COSTS</b>  <b>CHILD ABDUCTION AND RECOVERY</b>  <b>CLAIM SUMMARY</b>	<b>FORM</b>  <b>1</b>
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- (01) Enter the name of the claimant.
- (02) Enter the fiscal year of claim.
- (03) Enter the number of cases claimed for each reimbursable activity.
- (a) Number of Cases for Compliance with Court Orders. Enter the number of cases processed during the fiscal year that were related to the compliance with court orders. When calculating the number of cases, a case that is open and closed and open again due to another incident, counts as two cases.
- (b) Number of Out-of-jurisdiction Cases. Enter the number of out-of-jurisdiction cases received during the fiscal year.
- (04) Reimbursable Activities. For each reimbursable activity, enter the total from Form 2, line (05), columns (d) through (h) to Form 1, block (04), columns (a) through (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Indirect Cost Rate. Indirect costs may be computed as 10% of direct labor costs, excluding fringe benefits, without preparing an ICRP. If an indirect cost rate of greater than 10% is used, include the Indirect Cost Rate Proposal (ICRP) with the claim.
- (07) Total Indirect Costs. If the 10% flat rate is used for indirect costs, multiply Total Salaries, line (06)(a), by the Indirect Cost Rate, line (06). If an ICRP is submitted and both salaries and benefits were used in the distribution base for the computation of the indirect cost rate, then multiply the sum of Total Salaries, line (05)(a), and Total Benefits, line (05)(b), by the Indirect Cost Rate, line (06). If more than one department is reporting costs, each must have its own ICRP for the program.
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings. If applicable, enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements. If applicable, enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10), from the Total Direct and Indirect Costs, line (08). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

<b>Program</b> <b>013</b>	<b>MANDATED COSTS</b> <b>CHILD ABDUCTION AND RECOVERY</b> <b>REIMBURSEMENT SOURCE SUMMARY</b>			<b>FORM</b> <b>CAR-1.1</b>
(01) Claimant		(02) Fiscal Year		
(03) Enter the information for columns (a) through (d).				
(a) Cost Component	(b) Case Number or Name	(c) Reimbursement Source	(d) Amount	
(04) Total				

<b>Program</b> <b>013</b>	<b>CHILD ABDUCTION AND RECOVERY REIMBURSEMENT SOURCE SUMMARY Instructions</b>	<b>FORM CAR-1.1</b>
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- (01) Enter the name of the claimant.
- (02) Enter the year for which costs were incurred. A separate form CAR-1.1 must be completed for each fiscal year's claim.
- (03) (a) List the cost component (1) Compliance with Court Orders or (2) Court Costs for Out-of-Jurisdiction Cases.
- (b) Enter the case number or name of the child.
- (c) Enter the reimbursement source.
- (d) Enter the amount of reimbursement for the custody of minor programs the county has received from defendants, other individuals, or the State Foster Care Program.
- (04) Total the amount of reimbursement received and carry this amount to form CAR-1, line (10), Other Reimbursements.

Program <b>013</b>		MANDATED COSTS CHILD ABDUCTION AND RECOVERY ACTIVITY COST DETAIL						FORM <b>2</b>	
(01) Claimant				(02) Fiscal Year					
(03) Reimbursable Activities: Check only one box per form to identify the activity being claimed.  <input type="checkbox"/> Compliance with Court Orders <input type="checkbox"/> Court Costs for Out-of-Jurisdiction Cases									
(04) Description of Expenses				Object Accounts					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries	(e) Benefits	(f) Materials And Supplies	(g) Contract Services	(h) Fixed Assets	(i) Travel And Training	
(05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page ____ of ____									



<b>Program</b>  <b>013</b>	<b>CHILD ABDUCTION AND RECOVERY</b> <b>ACTIVITY COST DETAIL</b> <b>Instructions</b>	<b>FORM</b>  <b>2</b>
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- (01) Claimant. Enter the name of the claimant.
- (02) Fiscal Year. Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Activities. Check the box that indicates the activity being claimed. Check only one box per form. A separate Form 2 shall be prepared for each activity.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, supplies used, contract services, and travel and training expenses. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than three years after the date the claim was filed or last amended, whichever is later. If no funds were appropriated and no payment was made at the time the claim was filed, the time for the Controller to initiate an audit shall be from the date of initial payment of the claim. Such documents shall be made available to SCO on request.

Object/ Sub object Accounts	Columns									Submit supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
<b>Salaries</b>	Employee Name & Title	Hourly Rate	Hours Worked	Salaries= Hourly Rate x Hours Worked						
<b>Benefits</b>	Activities Performed	Benefit Rate			Benefits+ Benefit Rate X Salaries					
<b>Materials and Supplies</b>	Description of Supplies Used	Unit Cost	Quantity Used			Cost= Unit Cost X Quantity Used				
<b>Contract Services</b>	Name of Contractor  Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service				Cost=Hourly Rate x Hours Worked or Total Contract Cost			Copy of Contract and Invoices
<b>Fixed Assets</b>	Description of Equipment Purchased	Unit Cost	Usage					Cost=Unit Cost x Usage		
<b>Travel and Training</b>	Purpose of Trip Name and Title Departure and Return Date	Per Diem Rate Mileage Rate Travel Cost	Days Miles Travel Mode						Total Travel=Rate x Days or Miles	
	Employee Name and Title Name of Class		Dates Attended						Registration Fee	

- (05) Total line (04), columns (d) through (i) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the activity costs, number each page. Enter totals from line (05), columns (d) through (i) to form 1, block (04), columns (a) through (f) in the appropriate row.